Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6-1-10</u>	Address:	No address, vehicle owned
Case #:	<u>13F75301</u>		by Nathaniel Furlong
County:	<u>Starke</u>	÷	
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel	
Chemic	al/Glassware/Equipment (only) te (only)	Outbuilding Vehicle	☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Brown canvass bag			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Brown canvass bag			
Corrosive Base: Brown canvass bag			
Other (i	tem and location):		
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Knox-Center Twp Fire Dept	Fax: 574-772-4141	
Health Department: Starke Cty Health Dept.		Fax: <u>(574)</u> Fax:	
Child Prote	ction Service:	-	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Trp. Tschida, Phone 219-696-6242			

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.